

STATE OF HAWAII
REQUEST FOR RESTRICTIVE PURCHASE OF SERVICE
PURSUANT TO §103F-403, HRS

For Your Information:

This form is available in MS Word format at <http://www.spo.hawaii.gov>.

- Select **Procurement of Health and Human Services**
- Select **Forms and Instructions for State Agencies**

STATE OF HAWAII

**REQUEST FOR RESTRICTIVE PURCHASE OF SERVICE
PURSUANT TO §103F-403, HRS**

To: Chief Procurement Officer

From:

Department/Division/Agency

Pursuant to §103F-403, HRS and Chapter 3-144, HAR, the Department Head has made a determination that an adequate basis for a restrictive purchase of services exists and requests approval to make a restrictive purchase for the following:

Title and description of health and human service(s):

Provider Name:	Total Contract Funds:	Term of Contract:
Provider Address:	Contract Funds per Year (if applicable)	From: To:

Brief description of the circumstances justifying a restrictive purchase:

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Description of efforts to determine availability of other providers and results:

A list of state agency personnel, by position title, who will be involved in the approval process and administration of the contract:

Direct questions to (name & position):

Phone number:

e-mail address:

☐ A copy of the public notice is attached and contains all information required by §3-144-303, HAR.

I certify that the information provided above is to the best of my knowledge true and correct.

Department Head Signature

Date

Typed Name

Position Title

Chief Procurement Officer's Comments:

Please ensure adherence to applicable administrative requirements.

☐ Approved

☐ Denied

Chief Procurement Officer

Date

Procurement Notice
Notice of Restrictive Purchase of Service of Health and Human Services

The *[Dept./Division/Agency]* intends to make a Restrictive Purchase of Service of health and human services without issuing a request for proposals pursuant to §103F-403, Hawaii Revised Statutes and §3-144, Hawaii Administrative Rules. The services to be contracted are *[Brief description of services to be contracted]*
The provider to be awarded is *[Provider name]*
The contract will begin on *[contract start date]* and end on *[Contract end date]*.
The contract amount is *[Total maximum funds to be contracted]*.

Any person may file a written protest under the procedures established under §3-148, Hawaii Administrative Rules, located on the web at www.spo.hawaii.gov, click on *Procurement of Health and Human Services*.
Protests must be hand delivered or postmarked by US mail no later than *[Date]*. If hand delivered it must be submitted by *[Time of Day]*. Protests must be submitted to:

Procurement Officer for this Procurement
[Name]
[Department/Division/Agency]
[Street address]
[City, state, zip code]

Head of Purchasing Agency
[Name/Title of Department Head]
[Department Name]
[Street address]
[City, state, zip code]

Should you have any questions, please contact:
[Name of contact person for questions]
[Phone Number]
[e-mail address]